**Faculty Monthly Exception Report**

(For Employees with One Semester or Academic Year Obligations)



NAME:       MONTH:

Department:

Certify your availability and the completion of your professional obligations for the periods obligated (i.e. September through May for academic year/ 9 month obligation) by submitting this form to the chair of your department at the end of each month or portion thereof during which your appointment requires you to be available for services. This form is not required during periods of approved leave of absence, with or without pay, or sabbaticals. Chairs will group departmental forms for submission to the Payroll Office by the 10th day of the following month.

NO ABSENCES ABSENCES AS INDICATED

|  |  |  |  |
| --- | --- | --- | --- |
| **Absence Type** | | **# of Days** | **Dates** |
| \*Sick Leave: | |  |  |
| Jury Duty: | |  |  |
| Travel (State Business/Approved Professional): | |  |  |
| Military Duty: | |  |  |
| Deficit Reduction Leave (DRL): | |  |  |
| \*\*Other Approved Absence: | |  |  |
|  | Total: |  |  |

\* An employee shall be allowed to use, each year, up to a max of thirty days of sick leave accumulated for absences from work necessitated by a death or illness in the employee’s immediate family.

\*\* See Academic Affairs Policies and Procedures, Section I, B.

**I certify that I have been present and/or available as required, and have completed my professional obligation to SUNY Geneseo during the month indicated and that any absences are appropriately noted above.**

Employee Signature Date

**I certify that I have reviewed this record.**

Chair’s Signature Date